



KENTUCKY REPORTABLE DISEASES AND CONDITIONS
Cabinet for Health Services
Department for Public Health

902 KAR 2:020 requires health professionals to **report** the following diseases **to the local health department** serving the jurisdiction in which the patient resides or to the Department for Public Health.

- | | | |
|--|--|---|
| <p><input checked="" type="checkbox"/> AIDS**</p> <p>☎ Animal bites</p> <p>① Animal conditions known to be communicable to man</p> <p>☠ ☎ Anthrax</p> <p>Asbestosis</p> <p>☠ ☎ Botulism, including infant</p> <p>☠ ☎ Brucellosis</p> <p>☎ Campylobacteriosis</p> <p><input checked="" type="checkbox"/> Chancroid</p> <p><input checked="" type="checkbox"/> <i>Chlamydia trachomatis</i></p> <p>☎ Cholera</p> <p>Coal workers' pneumoconiosis</p> <p>☎ Cryptosporidiosis</p> <p>☎ Diphtheria</p> <p>☎ <i>E. coli</i>, O157:H7</p> <p>☎ <i>E. coli</i>, shiga toxin positive</p> <p><input checked="" type="checkbox"/> Ehrlichiosis</p> <p>☎ Encephalitis, California group</p> <p>☎ Encephalitis, Eastern Equine</p> <p>☎ Encephalitis, St. Louis</p> <p>☠ ☎ Encephalitis, Venezuelan Equine</p> <p>☎ Encephalitis, Western Equine</p> <p>☎ Encephalitis, West Nile</p> <p>① Foodborne outbreak/intoxication</p> <p><input checked="" type="checkbox"/> Gonorrhea</p> <p><input checked="" type="checkbox"/> Granuloma inguinale</p> <p>☎ <i>Haemophilus influenzae</i> invasive disease</p> | <p>☎ Hansen's Disease</p> <p>☎ Hantavirus infection</p> <p>☎ Hepatitis A</p> <p>① Hepatitis B, acute</p> <p>① Hepatitis B, Perinatal</p> <p><input checked="" type="checkbox"/> Hepatitis C, acute</p> <p><input checked="" type="checkbox"/> Histoplasmosis</p> <p><input checked="" type="checkbox"/> HIV infection**</p> <p>Influenza virus isolates</p> <p>☎ ILI's in long term care facilities</p> <p><input checked="" type="checkbox"/> Lead poisoning</p> <p><input checked="" type="checkbox"/> Legionellosis</p> <p>☎ Listeriosis</p> <p><input checked="" type="checkbox"/> Lyme Disease</p> <p><input checked="" type="checkbox"/> Lymphogranuloma venereum</p> <p><input checked="" type="checkbox"/> Malaria</p> <p>☎ Measles</p> <p>☎ Meningococcal infection</p> <p>① Mumps</p> <p>☠ ☎ Mycotoxins-T2</p> <p>☎ Pertussis</p> <p>☠ ☎ Plague</p> <p>☎ Poliomyelitis</p> <p>☎ Psittacosis</p> <p>☠ ☎ Q fever</p> <p>☎ Rabies, animal</p> <p>☎ Rabies, human</p> <p><input checked="" type="checkbox"/> Rabies post-exposure prophylaxis</p> | <p>☠ Ricin poisoning</p> <p><input checked="" type="checkbox"/> Rocky Mountain spotted fever</p> <p>☎ Rubella</p> <p>☎ Rubella syndrome, congenital</p> <p>☎ Salmonellosis</p> <p>☎ Shigellosis</p> <p>Silicosis</p> <p>☠ ☎ Smallpox</p> <p>☠ ☎ Staphylococcal enterotoxin B</p> <p>① Streptococcal disease, invasive Group A</p> <p><input checked="" type="checkbox"/> <i>Streptococcus pneumoniae</i>, drug-resistant invasive disease</p> <p>☎ Syphilis, primary, secondary early latent or congenital</p> <p><input checked="" type="checkbox"/> Syphilis, other than primary secondary, early latent or congenital</p> <p>☎ Tetanus</p> <p>① Toxic shock syndrome</p> <p><input checked="" type="checkbox"/> Toxoplasmosis</p> <p>① Tuberculosis</p> <p>☠ ☎ Tularemia</p> <p>☎ Typhoid fever</p> <p>☎ <i>Vibrio parahaemolyticus</i></p> <p>☎ <i>Vibrio vulnificus</i></p> <p>☠ ☎ Viral hemorrhagic fevers</p> <p>① Waterborne outbreaks</p> <p>☎ Yellow fever</p> |
|--|--|---|

☠ **POSSIBLE INDICATOR OF BIOTERRORISM—REPORT IMMEDIATELY**

- ☎ **REPORTING REQUIRED WITHIN 24 HOURS** by telephone or FAX, followed by written report.
- ① **REPORTING REQUIRED WITHIN 1 BUSINESS DAY**- by telephone or FAX, followed by written report.
- ☒ **REPORTING REQUIRED WITHIN 5 BUSINESS DAYS**
- ☎ Report animal bites within 12 hours to the local health department in accordance with KRS 258.065.

REPORT **IMMEDIATELY** by TELEPHONE to the Local Health Department or the KDPH:

- Unexpected pattern of cases, suspected cases or deaths which may indicate a newly recognized infectious agent
- An outbreak, epidemic, related publichealth hazard or act of bioterrorism, such as SMALLPOX

Kentucky Department for Public Health in Frankfort
Telephone 502-564-3418 or 1-888-9REPORT (973-7678)
FAX 502-696-3803

Fax report form (Epid 200) to above fax number or mail to Division of Epidemiology and Health Planning, 275 East Main St. Mailstop HS1EC, Frankfort, KY 40621-0001

To report HIV/AIDS or obtain report forms in Louisville area – (Bullitt, Henry, Jefferson, Oldham, Shelby, Spencer, Trimble counties) call the HIV/AIDS Louisville Jefferson County Surveillance Program at 502-574-6574. In all other Kentucky counties contact the HIV/AIDS Branch at 502-564-6539. **NEVER REPORT AN HIV/AIDS CASE BY FAX MACHINE OR ANSWERING MACHINE

